

AUG 10 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:
Manjunath NARAYANASWAMY et al.

Application No: 10/010,846

Filed: December 5, 2001

For: METHOD AND APPARATUS FOR RAID LOAD
BALANCING

) Attorney Docket No.: ADAPP207
)
)
Examiner: Dinh, Ngoc V.
)
Group Art Unit: 2187
)
Date: August 6, 2004

**Duplicate for
fee processing**

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the
United States Postal Service as First Class Mail to: Commissioner
for Patents, Alexandria, VA 22313-1450 on August 6, 2004.

Signed:

Michael L. Gencarella

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

AUG 16 2004

Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

Claims	Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTITY <u>RATE FEE</u>	OR	LARGE ENTITY <u>RATE FEE</u>
TOTAL CLAIMS	_____ -	20	0	X09 = \$	OR	X18 = \$0
INDEP CLAIMS	_____ -	04	0	X43 = \$	OR	X86 = \$0
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$145		\$290
			TOTAL	\$ _____		\$0

- Applicant(s) hereby petition for a one month(s) extension of time to respond to the outstanding Office Action.
- Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0805.
- Enclosed is our check in the amount of \$110.00 to cover the additional claim fee and/or extension of time fees.
- If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-0805 (Order No. ADAPP207). A copy of this sheet is enclosed.

Respectfully submitted,
MARTINE & PENILLA, LLP

Michael L. Gencarella, Esq.
Registration No. 44,703

710 Lakeway Drive, Suite 170
Sunnyvale, CA 94085
Teleph ne: (408) 749-6900
Customer Number 25920

10010341
07/25/2005 207LJ/RM 000000000000
02 FD-201 06.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/010 846

ADAPP 207

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 = * 0	
INDEPENDENT CLAIMS	4 minus 3 = * 1	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	FEES
Total	* 20	Minus	** 20	= 0		
Independent	* 4	Minus	*** 4	= 0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>	

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	84
+140=		OR +280=	
TOTAL		OR TOTAL	824

OTHER THAN
SMALL ENTITY
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	FEES
Total	* 22	Minus	** 20	= 2		
Independent	* 5	Minus	*** 4	= 1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	FEES
Total	*	Minus	**	=		
Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.